

AO435 (Rev. 04/18; WDVA Rev. 02/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS	FOR COURT USE ONLY								
<b>TRANSCRIPT ORDER FORM</b>			DUE DATE:								
<i>Please Read Instructions on Page 2.</i>											
<b>1. REQUESTOR'S INFORMATION:</b>	NAME <b>Robert Cahill (Counsel for Plaintiffs)</b>	TELEPHONE NUMBER <b>703-456-8145</b>									
DATE OF REQUEST <b>6/11/2020</b>	EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> ) <b>rcahill@cooley.com; ebolton@cooley.com</b>										
MAILING ADDRESS <b>Cooley LLP, 11951 Freedom Drive, 14 th Floor</b>	CITY, STATE, ZIP CODE <b>Reston, VA 20190</b>										
<b>2. TRANSCRIPT REQUESTED:</b>	NAME OF COURT REPORTER <b>Judy Webb</b> OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR										
CASE NUMBER <b>3:17-cv-00072</b>	CASE NAME <b>Sines, et al. v. Kessler, et al.</b>	JUDGE'S NAME <b>Joel C. Hoppe</b>									
DATE(S) OF PROCEEDING(S) <b>6/11/2020</b>	TYPE OF PROCEEDING(S) <b>Telephonic Motion Hearing</b>	LOCATION OF PROCEEDING <b>Charlottesville, VA</b>									
REQUEST IS FOR: (Select one)	<input checked="" type="checkbox"/> FULL PROCEEDING    OR <input type="checkbox"/> SPECIFIC PORTION(S) ( <i>Must specify below</i> )										
SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ):											
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> <i>(See Page 2 for descriptions of each service turnaround category.)</i> <table border="0"> <tr> <td><input type="checkbox"/> Ordinary (30-Day)</td> <td><input type="checkbox"/> Daily</td> </tr> <tr> <td><input type="checkbox"/> 14-Day</td> <td><input type="checkbox"/> Hourly</td> </tr> <tr> <td><input type="checkbox"/> Expedited (7-Day)</td> <td><input type="checkbox"/> RealTime</td> </tr> <tr> <td><input checked="" type="checkbox"/> 3-Day</td> <td></td> </tr> </table>				<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily	<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly	<input type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime	<input checked="" type="checkbox"/> 3-Day	
<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily										
<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly										
<input type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime										
<input checked="" type="checkbox"/> 3-Day											
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).											
DATE <b>6/11/2020</b>	SIGNATURE <b>/s/ Robert T. Cahill</b>										

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

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